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## BIB DATA SHEET

CONFIRMATION NO. 4590

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/788,900	02/27/2004 RULE	600	3626	12771.25US01

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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** \*\* SMALL ENTITY \*\*  
 05/18/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
Verified and Acknowledged	/KRISTINE K RAPILLO/ Examiner's Signature	Initials	MN	17	63	6

**ADDRESS**  
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 UNITED STATES

**TITLE**  
 System for collection, manipulation, and analysis of data from remote health care devices

<b>FILING FEE RECEIVED</b> 966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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